Iowa's Health Improvement Plan 2012-2016
2015 Revisions

Appendix B

Appendix B. Methodology for Identifying Iowa's 39 Critical Health Needs

Healthy Iowans is Iowa's statewide health assessment and health improvement planning process. Every five years the Iowa Department of Public Health convenes stakeholders, health partners, and the residents of Iowa to assess the status of the state's health and develop strategies to improve health for all Iowans.

The assessment portion of Healthy Iowans used a different approach from prior years. Rather than using the national objectives in *Healthy People 2020* as a framework, this version of Healthy Iowans is based primarily on local planning efforts. *Healthy People 2020* was a consideration in the process, but the goal was to produce a plan that represented Iowa's unique needs and used a community-up approach. The process for identifying Iowa's 39 critical needs and organizing them into a manageable framework involved a comprehensive analysis of stakeholder input at the local and state level, data resources, and feedback from Iowans. More than 20,000 Iowans participated in this installment of Healthy Iowans. Figure 1 summarizes the methodology used in identifying the 39 critical health needs facing Iowa.

CHNA & HIP
In February 2011, Iowa's 99 local boards of health submitted a Community Health Needs Assessment and Health Improvement Plan (CHNA & HIP) for their counties. More than 18,000 Iowans were involved as every county took stock of its most critical needs, prioritized those needs, and developed a plan to improve their community's health. The assessments were analyzed and the information was compiled in a report, *Understanding Community Health Needs in Iowa*, which became the building block for Healthy Iowans.

Taken together, 1,240 needs were identified in the process. Many were duplicative from county to county; for example, obesity was identified by 75 counties. The needs were ranked by the number of counties that identified the need in their individual assessments.

As part of the process, the county needs were organized by the Iowa Department of Public Health (IDPH) focus areas. The focus areas are:
- Promote Healthy Behaviors;
- Strengthen the Public Health Infrastructure;
- Protect against Environmental Hazards;
- Prevent Epidemics and the Spread of Disease;
- Prepare for, Respond to, and Recover from Public Health Emergencies; and
- Prevent Injuries.

If a need was identified by at least 20 counties in the 2011 CHNA & HIP process, the need was defined as a critical health need and became a part of Healthy Iowans. If fewer than 20 counties identified the need, additional criteria were required to define it as a critical health need. Twenty-two needs were identified by at least 21 counties.

HEALTHY IOWANS RECOMMENDATIONS
In the process of assessing Iowa's most critical health needs, more than 70 different organizations including state agencies, health-related advisory committees, and the private sector contributed 130 evidenced-based health needs for consideration. These organizations have vast and diverse membership allowing for hundreds of additional Iowans to have a voice in identifying critical needs.

A meta-analysis of the recommendations resulted in a list of approximately 80 unique needs. Many of the most frequently identified needs in the recommendation process mirrored the critical needs of CHNA & HIP and were already included in the critical health need list. If the need was not a critical health need in CHNA & HIP, then it had to meet the additional criteria of being a disproportionate burden on Iowans to receive designation as a critical health need.

BURDEN ON IOWANS
The next consideration in the assessment was whether the health need had a disproportionate impact on Iowans. For the needs that didn't meet the CHNA & HIP threshold but were identified in the recommendation process, the burden on Iowans determined whether it received designation as a critical health need. Burden on Iowans was defined as Iowa ranking in the bottom 20 of all states for the associated indicator. For example, vision, not a critical need in CHNA & HIP but identified in the recommendations, was designated a critical health need due to the burden on Iowans. Data demonstrated that Iowa ranked in the bottom 20 states for estimated prevalence of vision impairment and blindness in persons aged 40 and older.

If the need wasn't a burden on Iowans, then it had to demonstrate that there was a health disparity to receive consideration as a critical health need.

HEALTH DISPARITY[1]
When a need didn't meet the preceding criteria, disparity between different groups was considered in the assessment. Disparity refers to different groups of Iowans being affected by a health need because of their socioeconomic status, race/ethnicity, or designation as a special population. For example, respiratory diseases and air quality were identified in recommendations but were not critical needs in CHNA & HIP. Data didn't suggest that Iowa was disproportionately burdened by these health needs (i.e., Iowa didn't rank in the bottom 20 of states

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[1] Health disparities and health inequities are terms often used interchangeably because they relate to such differences as lack of education, income and access to health care. Health inequities more precisely connote unfair and avoidable or remedial differences among groups.

in measures related to these issues). However, air quality demonstrated spatial health disparity; eastern Iowa has poorer air quality according to the Environmental Protection Agency. Respiratory diseases demonstrated socioeconomic disparity with lower income Iowans reporting respiratory conditions more frequently than higher income brackets. Due to these additional factors, both air quality and respiratory conditions received designation as critical health needs.

GAP ANALYSIS
Gap analysis augmented the assessment by providing a means of projecting the future burden on Iowans or considering other evidence in the critical need, health determination process. Only one critical health need received designation because of the gap analysis; arthritis was not identified by many Iowa counties and wasn't a recommendation. Iowa didn't exhibit a disproportionate burden; however, there was health disparity. Arthritis prevalence, as estimated by reporting in the Behavioral Risk Factor Surveillance System (BRFSS), demonstrated that lower income groups reported the chronic disease at higher rates than higher income groups. The gap analysis suggested that arthritis would be an increasing health need in Iowa due to Iowa's aging population. The gap analysis combined with health disparity resulted in arthritis making the critical needs list.

TOPIC AREAS
After identifying the 39 most critical health needs in Iowa, the process transitioned to defining the topic areas. The topic areas differed from the IDPH focus areas, *Healthy People 2020* topic areas, and the CHNA & HIP focus areas; however, the nine final topic areas were defined using all three frameworks to some degree. Needs were grouped together using logical linkages. These groups of needs helped define appropriate topic areas.

OVERARCHING THEMES
During the assessment process, particularly as needs and topic areas were defined, overarching themes were identified that crossed over many topic areas. These overarching themes serve as a lens through which to view the critical health needs and their associated topic areas.

The three overarching themes that emerged were social and built environments, special populations, and life cycle considerations. Social and built environments include socioeconomic considerations and all aspects of a community in which an individual lives. Special populations refer to the consideration of differing health needs for minorities, people living with disabilities, or any condition or demographic status that can lead to health disparity. The life cycle considers how the factors that influence health differ throughout one's life.

Figure 1. Summary of Methodology for Identifying Iowa's Critical Health Needs

CHNA & HIP Critical Needs

Data Source: CHNA & HIP Analysis of local public health partners needs.

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Healthy Iowans Recommendations

Data Source: Analysis of advisory group and stakeholder input.

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Burden on Iowans: Is Iowa in bottom 20 of all states nationally?

Data Source: America's Health Rankings, CDC data, secondary data sources.

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Health Disparity: Are certain populations disproportionately affected?

Data Source: CDC data, IDPH data warehouse, secondary data sources.

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Gap Analysis: Is there additional evidence that supports need?

Data Source: CDC data, IDPH data warehouse, Healthy People 2020, and Socioeconomic Profile of Iowa written by IDPH staff member.

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RESULT: List of 39 Critical Health Needs